FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90086 047 ***150.00

DOCUMENT # 481684 1. Corporation Name

WILLIAM L. MOORE, M.D., P.A.

Principal Place of Bu	siness
7211 - 4TH AVE S. ST. PETERSBURG FL US	33707
2. Principal Place of	Busine
21 / 86 -	<u>yau</u>

Mailing Address

7211 - 4TH AVE ST. PETERSBUR US 2. Principal Pl 21 Suite, Apt. 1 22 Oty & State 23	ace of Rusiness #, etc. A JAPAN A JA	2a. Mailing Address 2b. Dal Suite, Apt. #, etc. City & State 28 City & State	104 Club Blu	DO NOT WR 3. Date Incorporated or Qualifed 08/04/1975 4. FEI Number 59-1615354 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.75 Fee R	pplied For ot Applicable Additional equired I May Be to Fees	
	111 Estimalas	3 33 111	30 Timble	8. This corporation owes the cur Personal Property Tax.	rent year intangible	ANO ON IN	
24 001	9. Name and Address of Current I	Registered Agent	las I leria	10. Name and Address of New	Registered Agent		<u> </u>
7211	RE, WILLIAM L. 4TH AVE. SOUTH PETERSBURG FL		81 Name 82 Street 83 84 City	alliam L. Moc Address (B.D. Box Number is Not Accept Dayou Must	FL 85 Zip	Code	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was a	uthorized by the corpo	corporation submits this statement for the tration's board of directors. I hereby acce	purpose of changing it	s registered	
	Training with, and accept the obligation	113 01, 0000011 007.0000, 110	Too Statutoo				ľ
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE		á
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF			11/08
TITLE	PD	☐ DELETE	1.1 TITLE	Adress	Change	☐ Addition	Ξ
NAME	MOORE, WILLIAM L.		1.2 NAME	411	1 ~ 1		7
STREET ADDRESS	7211 4TH AVE. SOUTH		1.3 STREET ADDRESS	1861 Daylor Cil	~P RNa	-	Ĭ
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Largo, SIA 3	<u> </u>		À
TITLE		☐ DELETE	2.1 TITLE	• •	☐ Change	Addition	`
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADORESS	•		•	Ì
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	ł
NAME			3.2 NAME			٠	==
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		[7.6h	Addition	┨
TITLE		☐ DELETE	4.1 TITLE		Change		1
NAME			4.2 NAME		_		1
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	,	C) perere	4.4 CITY-ST-ZIP		· Change	Addition	-
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME	•	. Criange		ľ
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				l
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		[] Change	☐ Addition	
		Deterie	6.2 NAME	•		_	
NAME			6.3 STREET ADDRESS	·		ı	{
STREET ADDRESS			6.4 CITY-ST-ZIP				1
CITY-ST-ZIP			0.7 OIT 1-01-21				1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on/an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP